

County: Aiken

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
DUPONT I HABILITATION CENTER 127 DUPONT DR AIKEN, SC 29801 EVANS, KASATRA PH#: 803-642-1048 Fac. Cont. Email: KEVANS@AIKENTDC.ORG	MR15-0141 / 07/31/2009 Aiken / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
DUPONT II HABILITATION CENTER 129 DUPONT DR AIKEN, SC 29801 EVANS, KASATRA PH#: 803-642-1046 Fac. Cont. Email: KEVANS@AIKENTDC.ORG	MR15-0142 / 07/31/2009 Aiken / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
LAURENS STREET ICF/MR 728 LAURENS ST NW AIKEN, SC 29801 EVANS, KASATRA PH#: 803-642-1042 Fac. Cont. Email: KEVANS@AIKENTDC.ORG	MR15-0207 / 06/30/2009 Aiken / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
LINDEN STREET ICF/MR 136 LINDEN ST AIKEN, SC 29801-3759 EVANS, KASATRA PH#: 803-642-8800 Fac. Cont. Email: KEVANS@AIKENTDC.ORG	MR15-0209 / 06/30/2009 Aiken / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8

Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed:	4	Number Licensed Units	32
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Number of Activities/Facilities licensed in county of	Aiken	# Lics	4
	Number Licensed Units :	32	

County: Barnwell

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
ACADEMY STREET COMMUNITY RESIDENCE 241 ACADEMY ST WILLISTON, SC 29853 WASHINGTON, MARY L PH#: 803-266-7833 Fac. Cont. Email: ABCDSND@BARNWELLSC.COM	MR15-0177 / 06/30/2009 Barnwell / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
BLACK'S DRIVE COMMUNITY RESIDENCE 160 BLACK'S DR WILLISTON, SC 29853 WASHINGTON, MARY L PH#: 803-266-3211 Fac. Cont. Email: ABCDSND@BARNWELLSC.COM	MR15-0184 / 06/30/2009 Barnwell / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
HARLEY ROAD COMMUNITY RESIDENCE 226 HARLEY RD WILLISTON, SC 29853 WASHINGTON, MARY L PH#: 803-266-3450 Fac. Cont. Email: ABCDSNB@BARNWELLSC.COM	MR15-0198 / 06/30/2009 Barnwell / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
LEMON PARK COMMUNITY RESIDENCE 95 LEMON PARK DR BARNWELL, SC 29812 WASHINGTON, MARY L PH#: 803-259-1682 Fac. Cont. Email: ABCDSNB@BARNWELLSC.COM	MR15-0208 / 06/30/2009 Barnwell / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8

Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed:	4	Number Licensed Units	32
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Number of Activities/Facilities licensed in county of	Barnwell	# Lics	4
	Number Licensed Units :	32	

County: Berkeley

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
CONIFER I COMMUNITY RESIDENCE 110 RESINWOOD DR MONCKS CORNER, SC 29461 RONEY, SUSAN PH#: Fac. Cont. Email: No Fac Cont. email on record	MR15-0119 / 05/31/2009 Berkeley / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
CONIFER II COMMUNITY RESIDENCE 114 RESINWOOD DR MONCKS CORNER, SC 29461 RONEY, SUSAN PH#: Fac. Cont. Email: No Fac Cont. email on record	MR15-0120 / 05/31/2009 Berkeley / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8

Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed:	2	Number Licensed Units	16
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Number of Activities/Facilities licensed in county of Berkeley	# Lics	2
Number Licensed Units :	16	

County: Calhoun

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
FLORENCE GRESSETTE RESIDENCE 402 MILLIGAN CIR ST. MATTHEWS, SC 29135 MOSS, R PIKE PH#: 803-655-7585 Fac. Cont. Email: PMOSS@CALHOUNSNB.ORG	MR15-0196 / 06/30/2009 Calhoun / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
WYLIE BRUNSON RESIDENCE 88 SUNFLOWER RD ST. MATTHEWS, SC 29135 MOSS, R PIKE PH#: 803-655-7559 Fac. Cont. Email: No Fac Cont. email on record	MR15-0228 / 06/30/2009 Calhoun / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8

Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed:	2	Number Licensed Units	16
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Number of Activities/Facilities licensed in county of	Calhoun	# Lics	2
	Number Licensed Units :	16	

County: Charleston

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
DILLS BLUFF COMMUNITY RESIDENCE 936 DILLS BLUFF RD CHARLESTON, SC 29412 GOLDMINTZ, DAVID PH#: 843-762-2374 Fac. Cont. Email: DGOLDMINTZ@DDNCC.COM	MR15-0131 / 10/31/2009 Charleston / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8

Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed:	1	Number Licensed Units	8
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Number of Activities/Facilities licensed in county of	Charleston	# Lics	1
	Number Licensed Units :	8	

County: Cherokee

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
J CLAUDE FORT COMMUNITY RESIDENCE BUILDING I 816 W MONTGOMERY ST GAFFNEY, SC 29341-1753 THOMAS, MARY H PH#: 864-487-4786 Fac. Cont. Email: MTHOMAS@CHEROKEEDSNB.ORG	MR15-0091 / 11/30/2009 Cherokee / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
J CLAUDE FORT COMMUNITY RESIDENCE BUILDING II 818 W MONTGOMERY ST GAFFNEY, SC 29341 THOMAS, MARY H PH#: 864-487-4787 Fac. Cont. Email: MTHOMAS@CHEROKEEDSND.ORG	MR15-0092 / 11/30/2009 Cherokee / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8

Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed:	2	Number Licensed Units	16
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Number of Activities/Facilities licensed in county of Cherokee	# Lics	2
Number Licensed Units :	16	

County: Colleton

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
FOREST CIRCLE COMMUNITY RESIDENCE 505 FOREST CIR WALTERBORO, SC 29488-2869 SAXBY, REDELMA W PH#: 843-549-5140 Fac. Cont. Email: DSISK@COLLETONDSN.ORG	MR15-0019 / 09/30/2009 Colleton / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
JOSIE DRIVE COMMUNITY RESIDENCE 210 JOSIE DR WALTERBORO, SC 29488-2791 SAXBY, REDELMA W PH#: 843-549-6979 Fac. Cont. Email: DSISK@COLLETONDSN.ORG	MR15-0107 / 06/30/2009 Colleton / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8

Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed:	2	Number Licensed Units	16
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Number of Activities/Facilities licensed in county of Colleton	# Lics	2
Number Licensed Units :	16	

Division of Health Licensing

County: Darlington

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
JOHN A REAGAN RESIDENCE 1100 E CAROLINA AVE HARTSVILLE, SC 29550 GEE, ANGELA E PH#: 843-332-1177 Fac. Cont. Email: No Fac Cont. email on record	MR15-0204 / 06/30/2009 Darlington / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
WILLIAM W BOWEN RESIDENCE 1045 STONERIDGE AVE HARTSVILLE, SC 29550 GEE, ANGELA E PH#: 843-332-1177 Fac. Cont. Email: No Fac Cont. email on record	MR15-0224 / 06/30/2009 Darlington / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8

Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed:	2	Number Licensed Units	16
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Number of Activities/Facilities licensed in county of	Darlington	# Lics	2
	Number Licensed Units :	16	

County: Dorchester

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
PARSONS I GROUP HOME 711 PARSONS RD SUMMERVILLE, SC 29483-3359 CLARK, BETTY PH#: 843-821-2877 Fac. Cont. Email: JHITCHMAN@BELLSOUTH.COM	MR15-0215 / 06/30/2009 Dorchester / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
PARSONS II GROUP HOME 707 PARSONS RD SUMMERVILLE, SC 29483-3359 CLARK, BETTY PH#: 843-821-2876 Fac. Cont. Email: JHITCHMAN@BELLSOUTH.COM	MR15-0216 / 06/30/2009 Dorchester / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8

Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed:	2	Number Licensed Units	16
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Number of Activities/Facilities licensed in county of Dorchester	# Lics	2
Number Licensed Units :	16	

County: Edgefield

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
EDGEFIELD COMMUNITY RESIDENCE 1305 HILLCREST DR EDGEFIELD, SC 29824 CUMMINGS, SONJA PH#: 803-637-5468 Fac. Cont. Email: No Fac Cont. email on record	MR15-0139 / 07/31/2009 Edgefield / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8

Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed:	1	Number Licensed Units	8
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Number of Activities/Facilities licensed in county of	Edgefield	# Lics	1
	Number Licensed Units :	8	

Division of Health Licensing

County: Florence

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
CEDARS 203 HYMAN RD PAMPLICO, SC 29583 UWAGBAI, LINDA G PH#: 843-493-0050 Fac. Cont. Email: KGRAHAM@FCDSN.ORG	MR15-0127 / 08/31/2009 Florence / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
FLORENCE COMMUNITY RESIDENCE 511 CLYDE ST FLORENCE, SC 29506-3011 GADSON, ROSMARIAN M PH#: 843-665-6600 Fac. Cont. Email: No Fac Cont. email on record	MR15-0025 / 03/31/2010 Florence / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
JOHNSONVILLE HAMPTON PLACE COMMUNITY RESIDENCE 333 S HAMPTON AVE JOHNSONVILLE, SC 29555 WILCOX, KATHRYN PH#: 843-386-4008 Fac. Cont. Email: KGRAHAM@FCDSN.ORG	MR15-0161 / 11/30/2009 Florence / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
MAGNOLIA PLACE 517 E MAIN ST OLANTA, SC 29114 BOBO, MELVIN PH#: 843-396-4551 Fac. Cont. Email: No Fac Cont. email on record	MR15-0126 / 07/31/2009 Florence / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
OAKS 108 N PINCKNEY ST TIMMONSVILLE, SC 29161 GRAHAM, KERTRINA A PH#: 843-346-5160 Fac. Cont. Email: No Fac Cont. email on record	MR15-0128 / 09/30/2009 Florence / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8

Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed:	5	Number Licensed Units	40
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Number of Activities/Facilities licensed in county of	Florence	# Lics	5
	Number Licensed Units :	40	

Division of Health Licensing

County: Greenville

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
CIVITAN COMMUNITY RESIDENCE 1820 RIDGE RD GREENVILLE, SC 29607-4704 PORTER, YOLANDA PH#: Fac. Cont. Email: No Fac Cont. email on record	MR15-0113 / 12/31/2009 Greenville / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
FOUNTAIN INN COMMUNITY RESIDENCE 105 OLD FAIRVIEW RD FOUNTAIN INN, SC 29644 FIELDS, ALBERT PH#: Fac. Cont. Email: No Fac Cont. email on record	MR15-0197 / 06/30/2009 Greenville / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	12
HUGHES STREET COMMUNITY RESIDENCE 104 HUGHES ST FOUNTAIN INN, SC 29644 FIELDS, ALBERT PH#: Fac. Cont. Email: No Fac Cont. email on record	MR15-0201 / 06/30/2009 Greenville / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
MARIAN PARKINS COMMUNITY RESIDENCE I 103 KERNS AVE GREENVILLE, SC 29609 GRUBEL, ALICIA PH#: 864-232-0282 Fac. Cont. Email: No Fac Cont. email on record	MR15-0150 / 05/31/2009 Greenville / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
MARIAN PARKINS COMMUNITY RESIDENCE II 518 PICKETT ST GREENVILLE, SC 29609 GRUBEL, ALICIA PH#: 864-232-0595 Fac. Cont. Email: No Fac Cont. email on record	MR15-0149 / 05/31/2009 Greenville / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
RIDGE ROAD RESIDENCE 1810 RIDGE RD GREENVILLE, SC 29607-4704 PORTER, YOLANDA PH#: Fac. Cont. Email: No Fac Cont. email on record	MR15-0176 / 09/30/2009 Greenville / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	12
TRAVELERS REST COMMUNITY RESIDENCE 252 LITTLE TEXAS RD TRAVELERS REST, SC 29690 PATTON, GLORIA PH#: 864-834-9526 Fac. Cont. Email: No Fac Cont. email on record	MR15-0222 / 06/30/2009 Greenville / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8

Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed:
Number Licensed Units

County: Greenville

Number of Activities/Facilities licensed in county of	Greenville	# Lics	7
	Number Licensed Units :	64	

County: Greenwood

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
DR DON LESTER PEOPLES COMMUNITY RESIDENCE 1 GRIFFIN DR WARE SHOALS, SC 29692 TOLSON, TINA PH#: 864-456-7662 Fac. Cont. Email: No Fac Cont. email on record	MR15-0133 / 11/30/2009 Greenwood / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
HENRY & FREIDA BONDS HABILITATION CENTER 310 JENKINS SPRING RD GREENWOOD, SC 29646-8617 MCGRIER, NICOLE PH#: 864-942-8942 Fac. Cont. Email: No Fac Cont. email on record	MR15-0111 / 08/31/2009 Greenwood / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
J FELTON BURTON COMMUNITY RESIDENCE 308 JENKINS SPRINGS RD GREENWOOD, SC 29646-8617 MCGRIER, NICOLE PH#: 864-942-8943 Fac. Cont. Email: No Fac Cont. email on record	MR15-0072 / 05/31/2009 Greenwood / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
WARE SHOALS HABILITATION CENTER I 3 GRIFFIN DR WARE SHOALS, SC 29692 TOLSON, TINA PH#: 864-456-3465 Fac. Cont. Email: No Fac Cont. email on record	MR15-0132 / 11/30/2009 Greenwood / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8

Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed:	4	Number Licensed Units	32
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Number of Activities/Facilities licensed in county of	Greenwood	# Lics	4
	Number Licensed Units :	32	

County: Kershaw

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
CAMDEN I GROUP HOME 975 WATEREE BLVD CAMDEN, SC 29020 WILSON, LUCINDA PH#: 803-432-1345 Fac. Cont. Email: CCBDSNDCS@SHTC.NET	MR15-0186 / 06/30/2009 Kershaw / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
CAMDEN II GROUP HOME 975 WATEREE BLVD CAMDEN, SC 29020 WILSON, LUCINDA PH#: 803-432-1345 Fac. Cont. Email: CCBDSNDCS@SHTC.NET	MR15-0192 / 06/30/2009 Kershaw / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8

Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed:	2	Number Licensed Units	16
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Number of Activities/Facilities licensed in county of	Kershaw	# Lics	2
	Number Licensed Units :	16	

County: Lancaster

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
NANCY J MCCONNELL COMMUNITY RESIDENCE 219 S PLANTATION RD LANCASTER, SC 29720-1847 ALTMAN, JAMES PH#: 803-286-5727 Fac. Cont. Email: No Fac Cont. email on record	MR15-0075 / 05/31/2009 Lancaster / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
TOM MANGUM COMMUNITY RESIDENCE 223 SOUTH PLANTATION RD LANCASTER, SC 29720 ALTMAN, JAMES PH#: 803-286-5771 Fac. Cont. Email: No Fac Cont. email on record	MR15-0074 / 05/31/2009 Lancaster / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8

Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed:	2	Number Licensed Units	16
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Number of Activities/Facilities licensed in county of Lancaster	# Lics	2
Number Licensed Units :	16	

County: Laurens

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
CLINTON MANOR COMMUNITY RESIDENCE 101 CLINTON MANOR DR CLINTON, SC 29325 WHITSEL, STACY PH#: 864-938-0572 Fac. Cont. Email: No Fac Cont. email on record	MR15-0194 / 06/30/2009 Laurens / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
OAK GROVE COMMUNITY RESIDENCE 3552 TORRINGTON RD LAURENS, SC 29360 WHITSEL, STACY PH#: 864-938-0572 Fac. Cont. Email: No Fac Cont. email on record	MR15-0027 / 07/31/2009 Laurens / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
SOUTH HARPER STREET HABILITATION CENTER 817 S HARPER ST LAURENS, SC 29360 CUNNINGHAM, DAMEL PH#: Fac. Cont. Email: No Fac Cont. email on record	MR15-0096 / 12/31/2009 Laurens / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
SULLIVAN STREET COMMUNITY RESIDENCE 503 SULLIVAN ST LAURENS, SC 29360-3449 CUNNINGHAM, DAMEL PH#: Fac. Cont. Email: No Fac Cont. email on record	MR15-0221 / 06/30/2009 Laurens / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8

Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed:	4	Number Licensed Units	32
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Number of Activities/Facilities licensed in county of Laurens	# Lics	4
Number Licensed Units :	32	

County: Lee

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
MCLEOD I GROUP HOME 808 MCLEOD DR BISHOPVILLE, SC 29010 WOODS, LEROY J PH#: 803-484-6987 Fac. Cont. Email: MMACK@LCDSN.ORG	MR15-0210 / 06/30/2009 Lee / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
MCLEOD II GROUP HOME 814 MCLEOD DR BISHOPVILLE, SC 29010 WOODS, LEROY PH#: 803-484-6995 Fac. Cont. Email: MMACK@LCDSN.ORG	MR15-0211 / 06/30/2009 Lee / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8

Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed:	2	Number Licensed Units	16
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Number of Activities/Facilities licensed in county of Lee	# Lics	2
Number Licensed Units :	16	

Division of Health Licensing

County: Lexington

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
BATESBURG GROUP HOME 132 DAVID DR BATESBURG, SC 29006 GARRISON, MAUREEN O PH#: 803-532-9838 Fac. Cont. Email: MGARRISON@BABCOCKCENTER.ORG	MR15-0181 / 06/30/2009 Lexington / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
BRUTON SMITH ROAD GROUP HOME 139 BRUTON SMITH RD LEXINGTON, SC 29072 MCMANUS, MARILYN PH#: 803-898-9600 Fac. Cont. Email: No Fac Cont. email on record	MR15-0185 / 06/30/2009 Lexington / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
HENDRIX STREET GROUP HOME 425 HENDRIX ST LEXINGTON, SC 29072 MCMANUS, MARILYN PH#: 803-898-9600 Fac. Cont. Email: No Fac Cont. email on record	MR15-0199 / 06/30/2009 Lexington / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
NAZARETH ROAD COMMUNITY RESIDENCE 1118 NAZARETH RD LEXINGTON, SC 29073 DAWKINS, LORETTA PH#: 803-957-3484 Fac. Cont. Email: No Fac Cont. email on record	MR15-0213 / 06/30/2009 Lexington / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
WIRE ROAD COMMUNITY RESIDENCE I 935-A WIRE RD GILBERT, SC 29054 GAULT, LINDA L PH#: 803-892-2115 Fac. Cont. Email: LGAULT@SCHSP.ORG	MR15-0225 / 06/30/2009 Lexington / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
WIRE ROAD COMMUNITY RESIDENCE II 935-B WIRE RD GILBERT, SC 29054 GAULT, LINDA L PH#: 803-892-2114 Fac. Cont. Email: LGAULT@SCHSP.ORG	MR15-0226 / 06/30/2009 Lexington / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8

Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed:	6	Number Licensed Units	48
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Number of Activities/Facilities licensed in county of	Lexington	# Lics	6
	Number Licensed Units :	48	

County: McCormick

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
JENNINGS MCABEE HABILITATION CENTER	MR15-0145 / 02/28/2010	8
213 N MINE ST	McCormick / State	
MCCORMICK, SC 29835	PO BOX 4706	
MCGRIER, NICOLE PH#: 864-465-3098	COLUMBIA, SC 29240-4706	
Fac. Cont. Email: No Fac Cont. email on record	SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	

Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed:	1	Number Licensed Units	8
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Number of Activities/Facilities licensed in county of	McCormick	# Lics	1
	Number Licensed Units :	8	

County: Newberry

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
H A MCCULLOUGH COMMUNITY RESIDENCE 2600 HOLLOWAY ST NEWBERRY, SC 29108-4500 BROOKS, JENNIFER L PH#: 803-276-1542 Fac. Cont. Email:JBROOKS@NCDSNB.ORG	MR15-0102 / 03/31/2010 Newberry / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	12

Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed:	1	Number Licensed Units	12
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Number of Activities/Facilities licensed in county of Newberry	# Lics	1
Number Licensed Units :	12	

County: Orangeburg

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
KINGS COMMUNITY RESIDENCE 611 KINGS RD ORANGEBURG, SC 29118-1812 KEITT, AGNES PH#: 803-534-0682 Fac. Cont. Email: No Fac Cont. email on record	MR15-0152 / 02/28/2010 Orangeburg / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
NANCE COMMUNITY RESIDENCE 980 NANCE ST ORANGEBURG, SC 29115-3070 KEITT, AGNES PH#: 803-536-1170 Fac. Cont. Email: No Fac Cont. email on record	MR15-0153 / 02/28/2010 Orangeburg / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
SIFLY COMMUNITY RESIDENCE 171 WANNAMAKER ST ORANGEBURG, SC 29115-5073 ALLEN, AUDREY E PH#: 803-531-8708 Fac. Cont. Email: No Fac Cont. email on record	MR15-0219 / 06/30/2009 Orangeburg / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
WANNAMAKER STREET COMMUNITY RESIDENCE 250 WANNAMAKER ST ORANGEBURG, SC 29115-5067 ALLEN, AUDREY E PH#: 803-533-0803 Fac. Cont. Email: No Fac Cont. email on record	MR15-0223 / 06/30/2009 Orangeburg / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8

Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed:	4	Number Licensed Units	32
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Number of Activities/Facilities licensed in county of	Orangeburg	# Lics	4
	Number Licensed Units :	32	

Division of Health Licensing

County: Richland

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
ARCHIE DRIVE GROUP HOME 33 ARCHIE DR COLUMBIA, SC 29223-5813 DAVIS, ADRIA D PH#: 803-788-7804 Fac. Cont. Email: ADAVIS@BABCOCKCENTER.ORG	MR15-0178 / 06/30/2009 Richland / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
CARTER STREET GROUP HOME 1203 CARTER ST COLUMBIA, SC 29204-2852 DAVIS, ADRIA D PH#: 803-754-9565 Fac. Cont. Email: ADAVIS@BABCOCKCENTER.ORG	MR15-0193 / 06/30/2009 Richland / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
HORRELL HILL COMMUNITY RESIDENCE 1614 RIDGE RD HOPKINS, SC 29061 PH#: Fac. Cont. Email: No Fac Cont. email on record	MR15-0200 / 06/30/2009 Richland / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
IDA I COMMUNITY RESIDENCE 120 IDA LN COLUMBIA, SC 29203 DAVIS, ADRIA D PH#: 803-786-7522 Fac. Cont. Email: ADAVIS@BABCOCKCENTER.ORG	MR15-0202 / 06/30/2009 Richland / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
IDA II COMMUNITY RESIDENCE 124 IDA LN COLUMBIA, SC 29203 DAVIS, ADRIA D PH#: 803-786-7543 Fac. Cont. Email: ADAVIS@BABCOCKCENTER.ORG	MR15-0203 / 06/30/2009 Richland / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
KENSINGTON I GROUP HOME 100 KENSINGTON RD COLUMBIA, SC 29203-5451 RICHARDS, ANGELA PH#: 803-256-0504 Fac. Cont. Email: CWRIGHT@BABCOCKCENTER.ORG	MR15-0205 / 06/30/2009 Richland / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
KENSINGTON II GROUP HOME 120 KENSINGTON RD COLUMBIA, SC 29203-5451 RICHARDS, ANGELA PH#: 803-252-0848 Fac. Cont. Email: CWRIGHT@BABCOCKCENTER.ORG	MR15-0206 / 06/30/2009 Richland / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
NORTH PINES COMMUNITY RESIDENCE 313 N PINES RD BLYTHEWOOD, SC 29016 BROWN, LETIA PH#: Fac. Cont. Email: No Fac Cont. email on record	MR15-0214 / 06/30/2009 Richland / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8

County: Richland

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
RABBIT RUN COMMUNITY RESIDENCE 1114 RABBIT RUN RD HOPKINS, SC 29061 WILLIAMS, GILDA PH#: Fac. Cont. Email: No Fac Cont. email on record	MR15-0217 / 06/30/2009 Richland / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
WOODLAWN GROUP HOME 1400 WOODLAWN DR COLUMBIA, SC 29209 DAVIS, ADRIA D PH#: 803-783-0714 Fac. Cont. Email: ADAVIS@BABCOCKCENTER.ORG	MR15-0227 / 06/30/2009 Richland / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8

Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed:	10	Number Licensed Units	80
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Number of Activities/Facilities licensed in county of Richland	# Lics	10
Number Licensed Units :	80	

County: Spartanburg

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
BENCHMARK HOMES - COWPENS 204 GOFORTH ST COWPENS, SC 29330 SORROW, STACIE PH#: 864-562-2100 Fac. Cont. Email: No Fac Cont. email on record	MR15-0182 / 06/30/2009 Spartanburg / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	12
BENCHMARK HOMES - SPARTANBURG 450 W HENRY ST SPARTANBURG, SC 29306 SORROW, STACIE PH#: 864-562-2100 Fac. Cont. Email: No Fac Cont. email on record	MR15-0183 / 06/30/2009 Spartanburg / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	12
LANDRUM COMMUNITY RESIDENCE I 722 BOMAR AVE LANDRUM, SC 29356 BRYANT, LIZA PH#: Fac. Cont. Email: No Fac Cont. email on record	MR15-0147 / 04/30/2010 Spartanburg / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
LANDRUM COMMUNITY RESIDENCE II 722 BOMAR AVE LANDRUM, SC 29356 BRYANT, LIZA PH#: Fac. Cont. Email: No Fac Cont. email on record	MR15-0148 / 04/30/2010 Spartanburg / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8

Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed:	4	Number Licensed Units	40
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Number of Activities/Facilities licensed in county of	Spartanburg	# Lics	4
	Number Licensed Units :	40	

Division of Health Licensing

County: Sumter

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
ATKINSON EAST COMMUNITY RESIDENCE 13 KENDRICK ST SUMTER, SC 29150-5224 BOONE, CARRIE D PH#: 803-775-9466 Fac. Cont. Email: AMCLEAN@DDSN.SC.GOV	MR15-0179 / 06/30/2009 Sumter / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	9
ATKINSON WEST COMMUNITY RESIDENCE 162 COMMUNITY ST SUMTER, SC 29150-3316 PALMER, MYRA PH#: 803-775-3550 Fac. Cont. Email: AMCLEAN@DDSN.SC.GOV	MR15-0180 / 06/30/2009 Sumter / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	9
THOMAS DRIVE COMMUNITY RESIDENCE 4 THOMAS DR SUMTER, SC 29150-2428 BOONE, CARRIE D PH#: 803-775-9466 Fac. Cont. Email: AMCLEAN@DDSN.SC.GOV	MR15-0073 / 05/31/2009 Sumter / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8

Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed: Number Licensed Units

Number of Activities/Facilities licensed in county of	Sumter	# Lics	3
	Number Licensed Units :	26	

County: Union

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
WEST MAIN STREET COMMUNITY RESIDENCE 1317 W MAIN ST UNION, SC 29379-2659 RUETER, MARY PH#: Fac. Cont. Email: No Fac Cont. email on record	MR15-0140 / 07/31/2009 Union / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8

Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed:	<input type="text" value="1"/>	Number Licensed Units	<input type="text" value="8"/>
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Number of Activities/Facilities licensed in county of Union	# Lics	1
Number Licensed Units :	8	

Report Total

Total Number of Activities/Facilities licensed	78	Total Number Licensed Units	646
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